

LEGAL INVOICE FOR FEES & EXPENSES (LIF&E)

Matter No:	Matter Caption:		
PART I: LAW FIRM AND INSTITUTION INFORMATION			
Institution No:	Name:		
	City:	State:	
Federal Tax No:	Firm Name:		
	Address:		
	City:	State:	Zip:
Law Firm Contact Attorney:		Tele: ()	
Law Firm Accounts Receivable Contact:		Tele: ()	
FDIC Office Location:	FDIC Attorney:	Tele: ()	
Total Attorney Hours Billed:		Total Non-Attorney Hours Billed:	
PART II: CURRENT BILLING INFORMATION			
INVOICE No:	Billing Period Date (MM/DD/YY): FROM: / / THROUGH: / /		
MATTER PHASE	FEES BILLED	EXPENSES BILLED	
Phase I	\$	\$	
Phase II	\$	\$	
Phase III	\$	\$	
Phase IV	\$	\$	
Phase V	\$	\$	
Total Attorneys' Fees Billed (All Phases)		\$	
Total Non-Attorneys' Fees Billed (All Phases)		\$	
SUBTOTAL: FEES INVOICED (All Phases)		\$	
SUBTOTAL: EXPENSES INVOICED (All Phases)		\$	
INVOICE GRAND TOTAL		\$	
PART III: WOMEN & MINORITY ATTORNEY PARTICIPATION			
CLASSIFICATION	MALE (current billing, fees only)	FEMALE (current billing, fees only)	
Non-Minority	\$	\$	
Asian American	\$	\$	
Black American	\$	\$	
Hispanic American	\$	\$	
Native American	\$	\$	
<p><i>I certify that the information contained herein is true and correct to the best of my knowledge, information and belief, and that all charges for legal services and disbursements reflected herein are in accordance with our Legal Services Agreement with the Legal Division and the Division's "Guide for Outside Counsel."</i></p>			
Authorized Law Firm Signature:		Date: ____/____/____	
Print or Type Name and Title of Above:			